CALIFORNIA STATE UNIVERSITY

VISION PLAN ADMINISTERED BY MEDICAL EYE SERVICES (MES)

BENEFIT SUMMARY

When you choose a participating provider (and have met the deductible, if applicable) you pay nothing additional for frames costing up to $90 retail and lenses up to 61 mm eyepiece. If you select a non-participating provider, you are reimbursed up to the amounts listed below.

This information represents a summary of plan benefits. Please refer to the group certificate for more details.

<table>
<thead>
<tr>
<th>Plan Feature¹</th>
<th>Plan Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Payment: $10</td>
<td>Coverage for Non-Participating Provider Allowance</td>
</tr>
<tr>
<td>Comprehensive Examination - Every 12 consecutive months</td>
<td>Coverage for Participating Providers</td>
</tr>
<tr>
<td>Ophthalmologic</td>
<td>Covered</td>
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<tr>
<td>Optometric</td>
<td>Covered</td>
</tr>
<tr>
<td>Lenses - Every 24 months or 12 months if a prescription change so indicates*²</td>
<td>Covered up to $52.00</td>
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<tr>
<td>Single Vision Lenses</td>
<td>Covered up to $52.00</td>
</tr>
<tr>
<td>Bifocal Lenses</td>
<td>Covered up to $72.50</td>
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<tr>
<td>Trifocal Lenses</td>
<td>Covered up to $89.50</td>
</tr>
<tr>
<td>Frames² - Every 24 consecutive months</td>
<td>$90.00</td>
</tr>
<tr>
<td>Contact Lenses (per pair)³</td>
<td>Every 24 consecutive months or 12 months if a prescription change so indicates</td>
</tr>
<tr>
<td>Cosmetic lenses – includes evaluation fee, fitting costs and materials</td>
<td>$110.00</td>
</tr>
<tr>
<td>Medically Necessary³</td>
<td>Covered</td>
</tr>
</tbody>
</table>

¹ There are frequency limitations for exams, frames and lenses.
² Members are responsible for the difference between the allowable amount and the charges for more expensive frames. This applies regardless of whether the frame is dispensed by a participating or non-participating provider.
³ Contact lenses are medically necessary following cataract surgery; or when visual acuity cannot be corrected to 20/40 in the better eye, except through the use of contacts; or when necessitated by anisometropia or certain conditions of keratoconus. Prior authorization by MES is required.
⁴ Contact lenses in lieu of spectacle lenses and frame.
* A Prescription Change means any of the following:
  • A change in prescription of 0.50 diopter or more in one or both eyes;
  • A shift in axis of astigmatism of 15 degrees; or
  • A difference in vertical prism greater than 1 prism diopter.
VIDEO DISPLAY TERMINAL ("VDT")
All active employees who utilize a video display terminal four or more hours per day on a
regular basis as provided in their CSU job description shall be eligible for the VDT program
as follows:

1. SUPPLEMENTAL EXAMINATION TESTING. The provider shall
perform additional tests during the examination to determine the employee’s
visual needs in relation to the use of VDT.

2. MATERIALS.
LENSES - The provider will order the proper lenses necessary for your visual
needs.
a. One pair of lenses once each 24 months or at a 12 month interval if a
prescription change (as defined in the Group Master Policy) is indicated.
FRAMES - New frames will be provided once each 24 months.

NON-PARTICIPATING PROVIDERS. VDT benefits secured from a Non-
Participating Provider are subject to the same time limits and copayment arrangements
described herein.

COPAYMENT. $10.00

LOW VISION BENEFIT
The Low Vision Benefit is available for severe visual problems that are not correctable with
regular lenses, subject to the following limitations.

1. PRIOR AUTHORIZATION
2. 25% COPAYMENT
3. MAXIMUM BENEFIT – the Company will pay the maximum benefit of $1,000
(excluding copayment) every two (2) years for approved Low Vision care.

Customer Service Inquiries
MEDICAL EYE SERVICES
(800) 877-6372